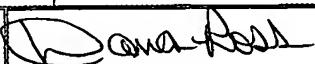


Substitute for form 1449/PTO (Revised 04/2003) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known		
				Application Number		
				Filing Date		Concurrently herewith
				First Named Inventor		Brooks
				Group Art Unit		
				Examiner Name		
Sheet	1	of	1	Attorney Docket Number	048050/268897	

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Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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DR	8	DE 101 16 381 A1	04-02-2001	Schindler Steinbearbeitungsma chinen- Anlagentechnik GmbH		*
		*Abstract Only				
Examiner Signature				Date Considered	10/13/05	

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. #4631275v1